



Instruction to your Bank or Building Society To Pay Direct Debits



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Originator's identification number

Please fill in this form (if applicable) using ballpoint pen and return completed to:

Ulster Medical Society, Whitla Medical Building, 97 Lisburn Road, Belfast BT9 7BL, United Kingdom.

1. Name and full postal address of your Bank or Building Society.

To: The manager _____ _____ _____ Bank or Building Society Address _____ _____ _____ Post Code _____

2. Name(s) of account holder(s)

_____ _____ _____

5. Ulster Medical Society reference number
(use main account holder's GMC number)

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3. Branch sort code (from the top right hand corner of your cheque)

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6. Instruction to your Bank or Building Society

Please pay Ulster Medical Society Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit guarantee.

4. Bank or Building Society account number

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Signature(s) _____

Date _____

Bank and Building Societies may not accept Direct Debit instructions for some types of account.

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This guarantee should be detached and retained by the Payee

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, The Ulster Medical Society will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Ulster Medical Society or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

THE ULSTER MEDICAL SOCIETY

Whitla Medical Building, 97 Lisburn Road, Belfast BT9 7BL. United Kingdom

www.ums.ac.uk



If you are not a member of the Ulster Medical Society, we would appeal to you to give the question of joining your consideration. The Society was formed in 1862 through the amalgamation of the Belfast Medical Society (founded in 1806 and revived in 1822) and the Belfast Clinical and Pathological Society (founded in 1853). Meetings are held in the Society's room in the Whitla Medical Building at fortnightly intervals from the autumn to the spring. There is an opportunity to meet informally after each lecture and enjoy a cup of tea. *The Ulster Medical Journal, the official organ of the Ulster Medical Society, is issued to all Fellows and Members free of charge.*

By joining the Ulster Medical Society you will enable us to widen its influence and sphere of usefulness still further. The only requirement is that you should be a registered medical practitioner. A membership application form is appended below. Please return the completed form along with the direct debit form overleaf to the Honorary Secretary at the address above. The annual subscription is claimable against income tax.

R A J SPENCE, *President*

J CRAIG, *Honorary Secretary*

E MACKLE, *President Elect*

F J STEWART, *Honorary Treasurer*

2012 Society subscription rates: For one volume - 3 issues - January, May and September. Journal included free with membership of the society and includes online access:

Personal: (journal included free with membership of the society and includes online access):

Members – First year of qualification – free of charge

Second - eighth year of qualification – £45.00

(Members shall automatically become fellows after the eighth year of qualification and pay the fellows subscription).

Fellows (After eight years of qualification) – £65.00

Joint subscription for husband/wife/partner – £70.00

Retired subscription (after 65 years) – £40.00*

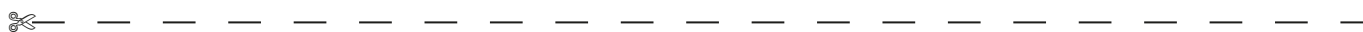
(* those who have been members for 20 years)

Journal Subscriptions for 2013:

Non-members: Personal rate £55.00

Institutional: £80.00.

Send a letter with address and a cheque or bank draft payable to 'Ulster Medical Society' to the secretary at the address above.



APPLICATION FOR FELLOWSHIP OR MEMBERSHIP OF THE ULSTER MEDICAL SOCIETY

Please enter your full name as recorded by the GMC

This form may be photocopied.

GMC Number _____ Title Dr / Mr / Prof / Ms / Other _____

Forenames _____ Surname _____

Address _____

Postcode _____

Tel: _____ E-mail: _____

Degrees _____ Date of Graduation _____

